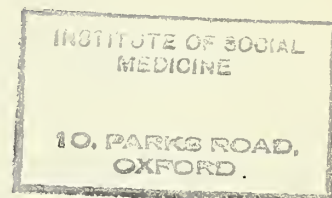


**Glamorgan County Council.**

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**EDUCATION COMMITTEE.**

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# **Annual Report**

OF THE

## **School Medical Officer**

ON

**Medical Inspection of Children in Maintained Primary and  
Secondary Schools for the Year 1946**

BY

**ARTHUR R. CULLEY, M.D., B.Ch. (Wales), B.Sc., M.R.C.S (Eng.), L.R.C.P. (Lond.), D.P.H.**

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CARDIFF  
WILLIAM LEWIS (PRINTERS) LTD.  
1947.

*To the Chairman and Members of the Education Committee.*

MR. CHAIRMAN, LADIES AND GENTLEMEN,

I have the honour to present the Annual Report on the work of the School Health Service for the year ended the 31st December, 1946.

As the Members will recollect, the former Part III Authorities continued to administer the School Health Services in their respective areas acting as District Sub-Committees until April, 1946, when the Divisional Executives took over. In the drawing up of this report, therefore, there have been certain difficulties in compiling the statistics because the Scheme as a whole only operated during the last nine months of the year. I am indebted to my colleagues of the former Part III Authorities for readily supplying information when required on the work carried out during the first quarter. The observations of the District S.M.O. of the Rhondda on the Health of the school children in the Rhondda area are included.

This report has been compiled by my Deputy, Dr. W. Evan Thomas, and sections have been contributed on orthopaedics by Dr. Naunton Jenkins, Dr. Amy L. Jagger, and Dr. T. M. A. Lewis; on dental work by Mr. John Young, Senior Dental Officer; and a brief report on the Blind School, Bridgend, by Mr. F. E. Hewitt. I am grateful to all these officers.

The establishment of a comprehensive School Health Service for the County has been achieved with the minimum of upset in the "take over," and although the new machine squeaked now and again, it soon worked satisfactorily due to the wholehearted support and effort of those concerned.

The central administrative reorganisation was accomplished smoothly and I was fortunate in having the assistance of members of the clerical staff returning from the Forces, who have assisted in lightening the burden of those who have borne ungrudgingly the heavy demands which had been imposed on them during the war. The Medical and Dental Staff has also been strengthened by the return of officers from war service, and in the case of Medical Staff by the making of combined county and district appointments in certain areas. This system of combined appointments will probably grow in the future.

On the retirement of Miss Annie Williams, who had given many years of excellent service to the County Council, Miss E. G. Wright took up her duties as Superintendent Health Visitor and School Nurse. Although the Nursing Staff had never been seriously depleted, there were vacancies for a number of school nurses, who now must also hold a Health Visitor's Certificate, and we were fortunate in securing the services of a few nurses. I am glad to report that the average visits per school by the Nursing Staff was 5.2.

Dental work has increased and a little orthodontic work has also been accomplished. Refraction work, owing to shortage of staff and spectacles, is causing anxiety, and although over 5,000 cases were dealt with during the year there is leeway to be made up. The orthopaedic service was enlarged and will soon be sufficient to meet all demands.

During the year a hospital treatment scheme was made under the Education Act, 1944. The position in Glamorgan is that under the scheme approved by the Minister, a child in your area can receive free hospital treatment for all forms of illness. This is a milestone passed in the march forward. It is pleasing to report that an Asthma and Allergic Diseases arrangement forms part of the Hospital Treatment Scheme.

The ascertainment of handicapped children proceeded during the year but is by no means complete. The Committee is aware that except for the blind children there is little provision for the handicapped groups. An active endeavour was being made at the end of the year to acquire premises to deal with the educationally subnormal child.

The head teachers and teachers have given me great assistance, and the interest taken by them in the health of their pupils is most pleasing. I have been fortunate to address the teaching profession in most areas of the Administrative County on the School Health Service.

I would like to express my gratefulness to the medical, dental, nursing, and clerical officers of the department for the work accomplished during the year, and welcome the return of those members of the staff who have served in H.M. Forces during the war.

Once more, I would thank all the members of the Committee for the keenness shown by them in promoting this Service and for the constant encouragement I receive from them.

I am,

Your obedient servant,

**A. R. CULLEY,**

*County School Medical Officer.*

*April, 1947.*

## SCHOOL MEDICAL OFFICER'S DEPARTMENT.

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### STAFF.

The Medical, Dental, and Nursing Staff of the County School Medical Service during the year 1946 was as follows :—

#### *SCHOOL MEDICAL OFFICER.*

A. R. CULLEY, M.D., B.CH. (Wales), B.SC., M.R.C.S. (Eng.), L.R.C.P. (Lond.), D.P.H.

#### *DEPUTY SCHOOL MEDICAL OFFICER.*

WILLIAM EVAN THOMAS, M.B., B.CH., B.SC., M.R.C.S., L.R.C.P., D.P.H.

#### *MEDICAL INSPECTORS.*

DAVID T. LEWIS, M.R.C.S., L.R.C.P., D.P.H. (To 4th April, 1946.)

NAUNTON R. JENKINS, M.R.C.S., L.R.C.P., D.P.H.

MOREEN WHELTON, M.B., B.CH., B.A.O., D.P.H., B.SC.

GWLADYS EVANS, M.R.C.S., L.R.C.P., D.P.H.

AMY L. JAGGER, M.D., B.CH., D.P.H., B.SC.

T. M. A. LEWIS, M.B., CH.B., M.R.C.S., L.R.C.P., D.P.H., B.SC. (Returned from H.M. Forces 4th February, 1946.)

PHILIP L. SIMON, M.R.C.S., L.R.C.P. (To 8th August, 1946.)

\*ELIZ. A. MARSDEN, M.B., CH.B. (From 1st April, 1946.)

\*DORIS WILLIAMS, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H. (From 1st April, 1946.)

\*ALYS M. RICHARDS, M.B., B.CH., B.SC. (From 1st April, 1946.)

#### *Temporary.*

V. S. HAWKES, M.R.C.S., L.R.C.P.

EIRY JONES, M.B., B.CH., B.SC. (From 7th January, 1946.)

AUSTIN L. ALBAN, M.R.C.S., L.R.C.P. (From 2nd September, 1946, to 30th November, 1946.)

MARY EVANS, M.D., B.S., M.R.C.S., L.R.C.P., D.R.C.O.G. (From 2nd October, 1946.)

MERLYN LEWIS, M.B., B.CH., B.SC. (From 1st October, 1946.)

#### *Part-time.*

BERYL BEVAN, M.B., B.CH., M.R.C.S., L.R.C.P., B.SC. (From 12th November, 1946.)

J. ALUN EVANS, M.R.C.S., L.R.C.P., D.P.H. (From 1st April, 1946, to 3rd August, 1946.)

E. W. KINSEY, M.R.C.S., L.R.C.P., D.P.H. (From 2nd September, 1946.)

MARY LENNOX, M.B., B.CH., D.P.H. (From 1st April, 1946, to 13th October, 1946.)

H. R. STUBBINS, M.D., D.P.H. (From 1st April, 1946.)

#### *CONSULTING ORTHOPAEDIC SURGEON.*

ARTHUR O. PARKER, M.D., C.M., M.C.P.S.

\* Transferred Officers from former Part III Authorities.

*DENTAL SURGEONS.*

- JOHN YOUNG, L.D.S.  
 MARY M. M. DAVIES, L.D.S.  
 FRANK G. EVANS, L.D.S.  
 QUENTIN A. DAVIES, L.D.S. (To 10th February, 1946.)  
 WYSTAN A. PEACH, L.D.S.  
 J. GRAHAM JONES, L.D.S.  
 J. B. CLARK, L.D.S. (Returned from H.M. Forces 1st March, 1946.)  
 PETER D. JONES, L.D.S. (Returned from H.M. Forces 1st April, 1946.)  
 \*JOHN I. HUGHES, L.D.S. (From 1st April, 1946.)  
 \*F. S. S. BAGULEY, L.D.S. (Returned from H.M. Forces 23rd September, 1946.)  
 \*HYWEL P. R. WILLIAMS, L.D.S.  
 \*MALDWYN VAUGHAN, L.D.S.

*Temporary.*

- E. HEVIN JONES, L.D.S.  
 G. EDWARD JOHN, L.D.S. (To 26th February, 1946.)  
 \*K. HERZFELD, L.D.S. (To 31st August, 1946.)

*Part-time.*

- \*THOMAS J. DAVIES, L.D.S. (From 1st April, 1946.)  
 W. TREVOR FLOOKS, L.D.S.  
 DR. K. H. GUTTMAN, D.M.D.

*SUPERINTENDENT SCHOOL NURSE.*

- ANNIE WILLIAMS, S.R.N. (To 10th February, 1946.)  
 ELLEN G. WRIGHT, S.R.N., HEALTH VISITOR'S CERTIFICATE, C.M.B. (From 1st July, 1946.)

*SCHOOL NURSES.*

- CEINWEN C. THOMAS, S.R.N. (To 3rd June, 1946.)  
 CARRIE BRAZELL, S.R.N.  
 GWLADYS G. JONES, S.R.N., C.M.B.  
 CEINWEN EDWARDS, S.R.N., Certified Home Teacher of the Blind.  
 ANNIE MORRIS, S.R.N., C.M.B., Certified Home Teacher of the Blind.  
 ELLEN ROBERTS, S.R.N.  
 FLORENCE E. COLE, S.R.N., C.M.B.  
 LUCY A. BEVAN, S.R.N., Certified Home Teacher of the Blind.  
 DOROTHY M. TREMBATH, S.R.N.  
 OLIVE M. HOWELLS, S.R.N., C.M.B.  
 MAIR EVANS, S.R.N. (To 14th April, 1946.)  
 IRENE TOYE, S.R.N., C.M.B.  
 (Mrs.) SARAH A. MORGAN, S.R.N.  
 \*(Mrs.) MARGARET A. MORGAN, S.R.N.  
 \*(Mrs.) SUZANNE M. WILLIAMS, S.R.N.  
 \*GWENDOLYN M. WILLIAMS, S.R.N., C.M.B.  
 \*(Mrs.) IRIS E. M. CLISSOLD, S.R.N., HEALTH VISITOR'S CERTIFICATE, C.M.B.  
 \*IVY DAGG, S.R.N., HEALTH VISITOR'S CERTIFICATE, C.M.B.  
 \*LAURA D. WILLIAMS, S.R.N., HEALTH VISITOR'S CERTIFICATE, C.M.B.  
 \*ELIZ. LAWRENCE, S.R.N.  
 \*CAROLINE E. DAVIES, S.R.N.

\* Transferred Officers from former Part III Authorities.



*SCHOOL NURSES—continued.*

- \*JENNET M. DAVIES, S.R.N., HEALTH VISITOR'S CERTIFICATE, C.M.B.
- \*RUTH DAVIES, S.R.N.
- \*HILDA M. PARR, S.R.N., HEALTH VISITOR'S CERTIFICATE, C.M.B.
- \*IRENE MANDRY, S.R.N., HEALTH VISITOR'S CERTIFICATE, C.M.B.
- \*GWYNETH WILLIAMS, S.R.N., HEALTH VISITOR'S CERTIFICATE, C.M.B.
- \*OLIVE F. DAVIES, S.R.N., HEALTH VISITOR'S CERTIFICATE, C.M.B.
- \*MARGARET C. DAVIES, S.R.N., C.M.B., S.R.M.N.

*Temporary.*

- (Mrs.) F. M. HENDERSON, S.R.N., C.M.B.
- IVY DAVIES, S.R.N.
- (Mrs.) A. M. SURRIDGE, S.R.N., C.M.B.
- CERIDWEN JONES, S.R.N., C.M.B.
- (Mrs.) IRENE POWIS, S.R.N., C.M.B.
- (Mrs.) G. E. LEBER, S.R.N.
- (Mrs.) V. M. C. MORRIS, S.R.N., C.M.B.
- (Mrs.) MURIEL A. SANDERCOCK, S.R.N., C.M.B.
- (Mrs.) W. E. M. TURNBULL, S.R.N., C.M.B. (To 29th August, 1946.)
- (Mrs.) RHONWEN THOMAS, S.R.N., C.M.B. (To 30th September, 1946.)
- GWLDYDYS M. HOCKING, S.R.N., HEALTH VISITOR'S CERTIFICATE, C.M.B. (From 8th April, 1946.)
- E. MARGT. JOHNS, S.R.N. (From 2nd September, 1946.)
- DOROTHY R. CHICK, S.R.N., HEALTH VISITOR'S CERTIFICATE, C.M.B. (From 9th September, 1946.)

*ORTHOPAEDIC NURSE.*

Edythe A. Thurston, C.S.P., M.E., O.N.C

*DENTAL ATTENDANTS.*

- MAY JAMES.
- \*(Mrs.) AGNES FISHER.
- \*(Mrs.) ANNIE JONES.
- \*MARTHA JAMES.
- \*DORIS V. LEWIS.

*Temporary.*

- \*MAY E. HILL.

## RHONDDA EXCEPTED AUTHORITY.

*DISTRICT SCHOOL MEDICAL OFFICER.*

D. J. THOMAS, M.B., B.S. (Lond.), B.SC. (Lond.), D.P.H. (R.C.S. AND P. Lond.).

*ASSISTANT SCHOOL MEDICAL OFFICERS.*

- JENNET REES, M.B., CH.B., D.P.H. (To 31st August, 1946.)
- J. GRIFFITH JONES, M.D., B.CH. (To 30th November, 1946.)
- EDNA E. WILLIAMS, M.B., B.CH., B.SC. (To 28th February, 1946.)
- EDGAR C. POWELL, M.R.C.S., L.R.C.P. (From 4th February, 1946.)
- H. PATRICIA EVANS, M.B., B.CH., B.SC. (From 1st March, 1946.)
- E. JOYCE EVANS, M.B., B.CH. (From 4th March, 1946.)
- JOY A. MACGREGOR, M.B., B.CH. (From 30th September, 1946.)

\* Transferred Officers from former Part III Authorities.

*SENIOR DENTAL SURGEON.*

JOHN H. REID, L.D.S. (R.C.S.).

*ASSISTANT DENTAL SURGEONS.*

JOHN DONALDSON, L.D.S. (To 31st October, 1946.)

W. GRIFFITH JONES, L.D.S. (R.C.S.). (To 18th February, 1946.)

BRINLEY N. EVANS, L.D.S. (From 9th January, 1946, to 5th March, 1946.)

MARGARET E. BYRNE, B.D.S. (From 12th August, 1946.)

NORMAN HARDY, L.D.S. (R.C.S.) (From 22nd October, 1946.)

*SUPERVISOR OF SCHOOL NURSES.*

ANNIE THOMAS, S.R.N., C.M.B., CERT. R. SAN. I., HEALTH VISITOR'S CERTIFICATE.

*SCHOOL NURSES.*

ELIZABETH HUGHES, C.M.B.

EDITH M. WATKINS, C.M.B.

ELIZABETH ISRAEL, S.R.N., C.M.B.

E. VIOLET GIBSON, HEALTH VISITOR'S CERTIFICATE.

EDITH STEPHENS, S.R.N., HEALTH VISITOR'S CERTIFICATE, C.M.B.

MYFANWY BUCKLEY, S.R.N., C.M.B.

SARAH H. DAVIES, S.R.N., C.M.B.

LILIAN MORGAN, S.R.N., HEALTH VISITOR'S CERTIFICATE, C.M.B.

GWYNETH M. GRIFFITHS, S.R.N., HEALTH VISITOR'S CERTIFICATE, C.M.B.

EIRWEN BONNER, S.R.N., HEALTH VISITOR'S CERTIFICATE, C.M.B.

ADA JACKSON, S.R.N., HEALTH VISITOR'S CERTIFICATE, C.M.B.

GWELLIAN WILLIAMS, S.R.N., HEALTH VISITOR'S CERTIFICATE, C.M.B.

EVELYN B. HENSHAW, S.R.N., HEALTH VISITOR'S CERTIFICATE, C.M.B.

LILIAN GOUGH, S.R.N., HEALTH VISITOR'S CERTIFICATE, C.M.B. (To 31st October, 1946.)

CATHERINE DAVIES, S.R.N., HEALTH VISITOR'S CERTIFICATE, C.M.B.

MARGARET HOLMES, S.R.N., HEALTH VISITOR'S CERTIFICATE, C.M.B. (To 2nd March, 1946.)

ROSA E. JONES, S.R.N., HEALTH VISITOR'S CERTIFICATE, C.M.B. (To 7th May, 1946.)

BEATRICE M. LLOYD, S.R.N., HEALTH VISITOR'S CERTIFICATE, C.M.B.

JENNIE L. JAMES, S.R.N., HEALTH VISITOR'S CERTIFICATE, C.M.B.

JANE A. JONES, S.R.N., HEALTH VISITOR'S CERTIFICATE, C.M.B.

MYRA E. PHILLIPS, S.R.N., HEALTH VISITOR'S CERTIFICATE, C.M.B. (From 1st May, 1946.)

MARY HARRIS, S.R.N., HEALTH VISITOR'S CERTIFICATE, C.M.B. (From 6th May, 1946.)

*ORTHOPAEDIC NURSE.*

WINIFRED M. JENKINS, C.S.P., S.R.N.

*DENTAL ATTENDANTS.*

CONSTANCE T. HARRISON.

GWYNETH ATKINS.

IRIS TROW.

HANNAH M. EDWARDS.

The following statistics show the extent of the work of the Department during the last ten years. The figures relating to members of the staff during the war years include those serving in H.M. Forces.

# BRIEF SURVEY OF THE WORK OF THE SCHOOL HEALTH SERVICE DURING THE YEARS 1936-1946.

A. STAFF.	1936.	1939.	1942.	1943.	1944.	1945.	1946.
(i) Assistant Medical Officers ..	12	14	13	9	9	9	16††
(ii) Consultant-Orthopaedic Surgeon	1	1	1	1	1	1	1
(iii) Dental Surgeons .. ..	11	12	11	10‡‡	12	12	15
(iv) School Nurses .. ..	29*	29*	28*	26*	27*	27*	40†
B. MEDICAL INSPECTION.							
(i) Routine Examinations ..	22,551	12,197	7,916	12,997	14,214	12,575	18,468
(ii) Special Examinations ..	1,866	1,818	3,902	2,356	1,934	2,134	2,977
(iii) Re-examinations .. ..	11,876	8,549	8,958	13,157	7,782	7,461	10,137
Totals .. ..	36,293	22,564	20,776	28,510	23,930	22,170	31,582
C. DENTAL INSPECTION.							
(i) No. of children inspected by School Dentists .. ..	25,538	29,819	21,089	10,682	15,359	19,894	49,201
D. TREATMENT.							
(i) No. of Treatment Centres ..	45	49	44	37	34	35	49
(ii) Attendances at School Clinics.							
(a) Dental .. ..	48,761	51,504	28,256	20,750	19,032	22,268	39,926
(b) Refraction .. ..	6,855	5,311	5,248	4,862	4,613	5,758	6,696
(c) Orthopaedic .. ..	3,451	2,725	2,463	2,359	2,306	2,327	2,984
(d) Tonsil and Adenoid	897	574	639	1,024	821	1,036	1,666
Totals .. ..	59,964	60,114	36,606	28,995	26,772	31,389	51,272
(iii) Treatment.							
(a) No. of teeth extracted	42,415	41,744	29,013	17,937	16,965	18,705	29,980
(b) No. of teeth filled ..	14,668	17,245	8,255	5,271	5,835	6,832	15,116
(c) No. of other operations	4,920	8,017	3,475	2,680	3,292	3,054	7,518
Totals .. ..	62,003	67,006	40,743	25,888	26,092	28,591	52,614
(iv) No. of pairs of spectacles provided .. ..	2,016	1,324	819	858	758	1,371	1,847
E. SCHOOL NURSES.							
(i) No. of examinations of children at school for uncleanness .. ..	182,712	158,686	240,806	254,038	265,111	211,774	280,950
(ii) No. of re-examinations ..	24,094	24,246	41,712	41,158	27,153	21,317	24,985
(iii) No. of visits paid to homes..	30,429	25,948	40,905	39,935	33,517	27,475	30,388

\* Including two trained Orthopaedic Nurses.

† Includes one trained Orthopaedic Nurse.

†† Including two part-time Assistant School Medical Officers.

‡‡ Including one part-time Assistant Dental Officer.

|| Including three part-time Assistant Dental Officers.



## SCHOOL MEDICAL INSPECTION AND TREATMENT.

## (1) NUTRITION.

An accurate comparison of the nutritional trend of the pupils as compared with previous years is made difficult because, whereas formerly the primary and secondary returns were given separately, they are now combined in the one Table II.

92·28% of the 18,387 pupils inspected were found to be in categories A and B, 7·63% being classed as of excellent nutrition and 84·65% as normal. This percentage is much higher than that for children examined in the primary schools in 1945, when 86·94% were in this group, but it is almost the same as that for the secondary schools, which was 92·68.

An interesting comparison which can be made is the standard of nutrition on entry to school in the two years 1945 and 1946, the age at entry during this period being almost the same in each instance. This is shown below :—

		<i>No. of children inspected in first age group.</i>	<i>A. (Excellent.)</i>	<i>B. (Normal.)</i>	<i>C. (Slightly sub-normal.)</i>	<i>D. (Bad.)</i>
			%	%	%	%
1945	..	3,442	10·31	77·86	11·71	0·12
1946	..	9,475	6·01	86·73	7·09	0·17

The figures indicate that there is an improvement in the nutrition of children on entry to school and, bearing in mind that these entrants were born during the war years, rationing has not had any noticeable adverse effect. Although certain foods have been in short supply, the essential nutriments have been evenly distributed and made available to all alike.

Lack of food is generally due to poverty, so often associated with unemployment, but the increased wages of a large proportion of the population during the war years, with a decrease in the number of unemployed, has resulted in a higher standard of living. Another factor is the propaganda and advice of the Ministry of Food, which has so consistently stressed the value of the protective foods and ensured that there has been additional milk for expectant mothers and babies and also made vitamin products, such as cod liver oil and orange juice, freely available.

As nutrition determines the health and development of the school child, every effort must be made to maintain a high standard and during the year the Committee has pushed on with all speed the provision of school canteens and the progress made is shown under the next heading.

School dinners alone are insufficient to remedy the unsatisfactory nutrition of all those in the C and D groups. A proportion in these categories may be due to ill-health and can be improved by treatment of the underlying pathological condition. The School Health Service can, therefore, claim to have been partly instrumental in bringing about the improved nutrition in the older age groups.

There still remains a small resistant core consisting of children whose parents are guilty of gross neglect in providing for them. These problem families are well known to the school nurses, who keep them under supervision. If their advice is disregarded and it is considered the children are suffering, the cases are reported to the Children's Welfare Committee for any further action considered necessary.

## (2) MILK AND MEALS IN SCHOOL.

(a) *Milk.*

From the 6th August, 1946, a date coinciding with the introduction of cash family allowances, school milk has been supplied free of charge to all pupils in grant-aided schools, the permitted quantity at the present time being one-third of a pint, except in the case of special day and boarding schools for delicate pupils, where the allowance is two-thirds of a pint.

It is regrettable that delicate pupils can only obtain the extra quantity if they are attending a special school as there are children in this category in the ordinary school who are as much in need and would derive equal benefit from it. Now, no distinction is made, whereas previously necessitous undernourished children could receive half to one pint of free milk daily. It is hoped that the supply position will soon improve sufficiently to warrant giving all delicate pupils the extra allowance.

The quality of the milk supplied is an important factor ; wherever possible only pasteurised milk is given and there are very few schools at present taking an ungraded supply. This only occurs where the Milk Officer of the Ministry of Food is unable to arrange otherwise. Regular sampling is carried out to ensure the adequacy of pasteurisation, and biological testing, more particularly of the ungraded milk, is performed. The samples examined for tubercle were all found to be negative. The total number of children taking milk when a return was obtained by the Director of Education in October, 1946, was 97,467, of which 17,459 were Rhondda children.

(b) *Meals.*

Continued progress has been made in the provision of mid-day meals for children at the county schools. Credit for this must be given to the Director of Education and his School Meals Organisers and also to the County Architect who, with his staff, are doing everything possible to get the school canteens built and equipped. The progress made between February and October is shown below :—

		<i>No. of departments served with meals.</i>	<i>No. of meals supplied.</i>
February	..	498	40,934
October	..	527	49,067

(c) *Dietary Surveys.*

The quality of the meals is of fundamental importance and this includes, of course, the cooking. A dietician appointed jointly by the Public Health and Housing, Education and Social Welfare Committees commenced her duties on 4th March, 1946.

One of the first investigations arranged in conjunction with the Director of Education involved the visiting of selected school canteens and a subsequent report on the dietetic value of the dinners served. Surveys covering a period of one week in each instance were carried out in seven school canteens and one cookery depot, from which meals were sent out in containers to five schools.

During the period of the survey all foodstuffs were weighed, the weight of waste (plate waste, vegetable peelings, etc.) was deducted and the numbers of persons at each meal noted. The calorie content of the meal per person in each canteen varied between 564 and 882 calories, the average being 675 calories. While the Ministry of Education Circular 1571 recommends that the energy value of the meals provided should approximate to 1,000 calories, it is not possible, having regard to the allowances of foodstuffs granted and the permitted expenditure to attain this calorie value ; to do so would necessitate the purchase of additional quantities of fat and protein, which are both more expensive constituents of the diet than carbohydrate. The maximum quantities possible of the former, particularly first-class protein, should be provided, and this is usually done, but in several instances the reports of the dietician showed that the meals supplied fell short in this respect. The cooking was good in every instance, but greater attention to the preservation of the vitamin content of vegetables in the cooking was required.

### (3) CLEANLINESS AND SKIN INFECTIONS.

Cleanliness surveys, one of the important duties of the school nurses' work, were carried out regularly in the primary schools, the average number of visits being 5·2. Pupils were thus inspected once every six to eight weeks, 280,950 examinations being made.

The proportion found to have unclean heads increased almost 3% in the case of girls, but it must be remembered that the presence of even one or two nits is recorded. Most of the infestations were not serious and it has not been found necessary to make use of the powers given under Section 54 of the Education Act for ensuring cleanliness. Pediculi and sores were present in 0·42% only.

Follow-up visits to the homes, when the parents' attention is drawn to the condition, results in rapid improvement, revealed by subsequent examination. This is particularly so in the case of boys in whom eradication of the trouble is a simple matter, 75% being clean on re-examination as compared with 29·52% of girls, which is still, however, an improvement on 1945.

Lethane oil is used in the treatment of the worst cases. Difficulty has been experienced by some mothers in obtaining metal combs, which are so useful in clearing up the condition and to overcome this combs have been supplied to the nurses for loan to parents where required.

While fewer cases of scabies were discovered during routine school inspections, there appears to be no reduction in the incidence of the condition, and energetic action was taken to deal with the cases brought to notice.

282 cases were treated in the Minor Ailment Clinics and 440 otherwise, chiefly by referring them to the district authorities, who in most instances arranged for treatment at their Cleansing Centres, not only of the children affected but also of other members of the family, which is necessary and important in this condition as otherwise re-infection from one member of the family to another is apt to occur.

Almost all the cases of ringworm of the scalp reported in the year occurred in one school. The condition was confirmed as being of the human type and, as this is resistant to all the ordinary forms of treatment, the parents were given the opportunity of obtaining X-ray treatment for the children at the Cardiff Royal Infirmary. The remote danger of the hair not growing after X-ray epilation was pointed out to them, but fourteen gave their consent to X-ray treatment, ten refusing. The latter were referred for treatment to their own doctors.

Despite the continuance of clothes rationing, which often makes the replacement of children's garments difficult for parents, in over 99·5% of children the clothing is reported as clean. This reflects great credit on mothers, most of whom have to "make do and mend."

### (4) ROUTINE MEDICAL INSPECTION.

A comparison of the work done by the School Medical Staff in 1945 and 1946 shows little variation in the total number of inspections made, as is shown by the following figures :—

			<i>Routine inspections.</i>	<i>Special inspections and re-inspections.</i>	<i>Total.</i>
1945	..	..	21,048	26,905	47,953
1946	..	..	20,936	27,163	48,099



The regulations for the conduct of medical examinations and inspections made under Section 69 of the Education Act, 1944, lay down that pupils attending maintained schools other than special schools and County Colleges should be examined (i) on entry, (ii) during the last year of attendance at a primary school, and (iii) during the last year of attendance at a secondary school.

These age groups differ from those at which pupils were previously inspected in that the intermediate examination is postponed two years to the age of 10 and the examination on entry to secondary schools is dispensed with. The widening of the gap between the first and second examination will inevitably lead to an increase in the number of children brought forward by head teachers, parents, school nurses, and others for special examination of conditions developing or showing themselves during a pupil's school life, as defects may not always be evident when the pupil is first seen. This is particularly so in the case of defective vision, which can only be objectively tested when the child can read the test type, unless special vision cards are used. It will be necessary, therefore, to arrange for an examination of visual acuity at the age of 7 or 8 in order to detect errors of refraction, as delay in carrying this out may have an adverse affect on the pupils' sight.

The referring of pupils for special examination should be encouraged, and if this is not done with pupils in the secondary schools the time available for treatment of defects discovered during the last routine inspection will be limited, and in any case the aim of the School Health Service is to ensure as far as practicable that pupils remain fit to enable them to receive the maximum benefit from their education and also that on leaving school they are, as far as possible, free from any remedial defect.

A comparison of the figures given under Table IIA (Return of defects found by medical inspection) shows a marked increase over the previous year, which cannot be accounted for by the fact that the return is for the whole county excluding the Rhondda, instead of the former area under the control of the Education Committee alone. Because there are more defects it cannot be said that the physical condition of the children examined shows any deterioration, as the explanation lies largely in the greater tendency on the part of medical officers to note and refer for subsequent examination pupils with any slight deviation from the normal. This is so in the case of enlarged tonsils and adenoids, where 80% of pupils in which this condition was noted were referred for observation at a subsequent visit to the school.

Defects of the heart and circulation were also in the main of a minor character, 367 being functional heart defects as compared with 82 and 126 cases of anaemia against 32 in the former County area in 1945.

With regard to tuberculosis, full advantage was taken of the facilities provided by the Welsh National Memorial Association for the investigation of tubercular conditions, and close co-operation maintained with the Tuberculosis Officers, who were always helpful in advising on such cases.

#### (5) CLINIC PREMISES.

The expansion of the School Health Service is being hampered by the lack of suitable clinic premises and the inadequacy of others. In certain instances clinics are held in school premises or chapel vestries. With the extension of the school feeding arrangements which take up most of the available free accommodation, and the imminence of the raising of the school-leaving age, it will become almost impossible to hold clinics in school premises, and those which are now held cause inconvenience to the head teachers, who nevertheless are most co-operative and put up with a certain amount of disorganisation in the interests of the children's health. The Education Committee is fully aware of the position and agreed during the year to a programme for the construction of eight clinics in those areas in most urgent need of them, namely,

Gorseinon, Caerphilly, Kenfig Hill, Pontyclun, Seven Sisters, Resolven, Porthcawl, and Cymmer. In the meantime continued use of such premises as are available will have to be made, and it may become possible with the transfer of M. and C.W. functions to the County Council under the National Health Service Act, to have part use of certain of the clinics now utilised for that purpose.

Work on the conversion of the Pontshonorton Nursery School, Pontypridd, into a clinic has not commenced, and until this becomes available steps cannot be taken for the establishment of the Child Guidance and Orthoptic Service in this area owing to lack of any other suitable building.

## (6) TREATMENT.

### (a) *Defective Vision and Squint.*

5,571 pupils were examined for errors of refraction, glasses being prescribed in 2,454 cases. The remainder were principally children referred for re-examination and found not to require alterations to their spectacles, while others were found not to be in need of them.

The total number examined is less than in 1945 and one of the major difficulties has been to keep pace with the mounting waiting list of children referred for refraction. This has been due to the many calls of the School Health Services on the available time of the medical staff, most of whom are refractionists. The maximum time possible has been devoted to this aspect of the work, but still the numbers awaiting examination remained large. It has not been possible for the part-time consultants to give more of their services for this work as they are occupied with the many hospital duties which they have to perform.

Late in the year an ex-member of the Staff agreed to do two sessions per week, but apart from this efforts to obtain the urgently required services of refractionists were unsuccessful. If the position does not improve it may become necessary to resort to other expedients in carrying out the volume of work accruing.

From the figures given in Table IV, it will be seen that 310 children for whom spectacles were prescribed did not obtain them. This is chiefly because of delays—up to three to four months in certain cases—occasioned by the acute shortage of optical appliances, more particularly in the higher powered cylindrical lenses. The contracting opticians have done their best to overcome this difficulty but are now also faced with a shortage of frames. The spectacles which are now provided free of charge will, however, be supplied in time to every pupil for whom they have been recommended. It will no longer be necessary for the school nurses to follow up and persuade the parent to make the provision, but rather to ensure during her visits to the schools that they are being worn.

The proposed orthoptic service remains in abeyance pending the conversion of premises which have been taken over for this and other clinic purposes. The shortage of orthoptists also remains acute.

### (b) *Orthopaedic Scheme.*

The incorporation into the County Service of the orthopaedic arrangements of the former Part III Authorities has been a feature of the year's work and a complete scheme for the County is being built up.

Clinics are now held regularly in eight centres, at which not only school children, but also those referred by certain M. and C.W. authorities are seen. Operative treatment is arranged at the County hospitals and also the Prince of Wales' Hospital. Reports on this aspect of the work are contributed elsewhere in the Report by Dr. Naunton Jenkins, Dr. A. L. Jagger, and Dr. T. M. A. Lewis.



(c) *Ear, Nose, and Throat.*

Operative treatment for removal of tonsils and adenoids was carried out at either County, Municipal, or selected voluntary hospitals, those recommended for treatment being admitted on the morning of operation and discharged the following day, unless complications necessitated their remaining in hospital for a longer period. The arrangements made by the former Neath Education Authority at one of their clinics were discontinued and the operations are now performed at the West Glamorgan Hospital.

Follow-up visits are made by the school nurses, who give advice on post-operative exercises.

1,743 school children were dealt with, which is an increase of 669 over the 1945 figure.

Aural conditions requiring specialist treatment and advice are dealt with at the County hospitals and also those hospitals which are regularly visited by Ear, Nose, and Throat Specialists. A complete scheme for the treatment of aural conditions, particularly otorrhoea, which, if neglected, becomes chronic, with resultant deafness, will, it is hoped, be set up when staff becomes available.

Associated with this scheme regular audiometric surveys for the detection of deafness should be carried out in the schools. The possibility of conducting the latter is now under investigation.

(d) *Asthma and other allergic conditions*

The treatment of children suffering from allergic conditions, one of the most important of which is asthma, has always presented a problem, but a proportion of the cases can be cured or markedly alleviated by certain measures, calling for the thorough investigation of the causative factor by a medical officer experienced in this work. The Authority has been fortunate in obtaining the services of Dr. D. A. Williams, a specialist in this branch of medicine, who visits each of the three County hospitals for weekly clinics, to which school children as well as adult sufferers can be referred.

(e) *Hospital Treatment under Section 48 (3) of the Education Act, 1944.*

In accordance with the duty laid on Local Education Authorities under Section 48 (3) of the Education Act, 1944, to secure that comprehensive facilities for free medical treatment, other than domiciliary, are provided for all children attending maintained schools, a scheme drawn up after consultation with representatives of the local voluntary hospitals was submitted to the Ministry of Education and, on being approved, was put into operation as from the 1st September, 1946, and one can report with satisfaction that it is working smoothly.

The conditions under which both in- and out-patient treatment is afforded to school children are embodied in a report which was submitted to the Medical and Special Services Sub-Committee, and this is reproduced below :—

*"Provision of Hospital Treatment.*

1. One of the duties placed on the County Council as local authority under the Education Act, 1944, is to make provision for the hospital treatment of pupils at maintained schools for whose treatment the Authority accepts responsibility in accordance with a scheme approved by the Minister.

2. Arrangements have accordingly been made by the County Council with representatives of the local voluntary hospitals for hospital treatment, whether in-patient or out-patient, to be afforded to school children in accordance with the following conditions :—

A. The Scheme does not provide for the treatment of pupils suffering from tuberculosis or any notifiable infectious disease, neither does it provide for medical treatment given in the pupil's home, as under Section 114 (1) of the Education Act, 1944, domiciliary treatment is outside the scope of the School Health Service.

B. (i) The Committee reserve the right to refuse payment of the cost of hospital or other treatment of any school child dealt with otherwise than in accordance with the conditions of the Scheme.

(ii) Where treatment of a defect is available under any existing scheme of the Education Committee the County School Medical Officer is authorised to deal with the case under that scheme.

(iii) The County School Medical Officer is authorised to select the appropriate hospital or specialist to which children requiring in-patient or out-patient treatment of non-emergency character should be referred.

(iv) Save in exceptional circumstances which should be reported to them, the Committee does not accept responsibility for the cost of treatment of patients dealt with at hospitals outside the geographical County of Glamorgan under arrangements made otherwise than by the County School Medical Officer.

(v) *Non-emergency cases.* The County School Medical Officer shall notify the Hospital Secretary in writing of any school children for whose treatment at a particular hospital the Glamorgan Education Committee will accept financial liability.

(vi) *Emergency cases (in-patient or out-patient).* The Secretary of a hospital to which any school child is admitted for emergency treatment at the request of a local practitioner or consultant should notify the County School Medical Officer within three days of the child's admission.

(vii) *Records.* The hospital shall supply the County School Medical Officer with such records and information relating to children treated under the Scheme as may be required from time to time.

### 3. *Correlation with Voluntary Hospital Administration.*

The arrangements agreed with the hospitals participating in the scheme are such as will secure uniformity of practice in the submission of necessary records so that accounts for work done may be properly checked and for reasonably adequate information to be furnished promptly by the hospital to the County School Medical Officer in the form required.

The different types of cases would be dealt with as follows :—

(i) *Non-emergency cases.* Hospitals would be notified by the County School Medical Officer of children recommended for treatment under the scheme of the Education Committee, and it is assumed that the names of such children would be placed on the hospital waiting list for calling in as beds or treatment facilities become available. Such children would have been recommended for treatment either by an Assistant School Medical Officer, a Consultant, or family doctor, but in all cases their treatment would be authorised in writing by the County School Medical Officer who, after receiving parental consent to hospital treatment, would notify the hospital secretary that the Education Committee will accept liability for the cost of such treatment.

The hospital secretary and the parent would be notified on the same day and the parent supplied by the Department with a card to be handed in and left at the hospital on the occasion of the child's first attendance either as an in-patient or out-patient. The card will be entered by an officer of the hospital with the details appropriate to the case, and when treatment has been completed sent to the County School Medical Officer's department, where it would be used in checking the account subsequently submitted by the hospital. After the child's medical inspection records had been properly entered with the particulars of treatment given, the card would be filed in the child's personal case file.

(ii) *Emergency cases.* The secretary of a hospital to which any school child is admitted for treatment in an emergency should notify the County School Medical Officer within three days of the admission of any case admitted for emergency treatment at the request of a local practitioner or consultant.

On receiving this notification, the County School Medical Officer would send direct to the hospital secretary an "emergency" card of the type referred to in the preceding paragraph (i) and it would be returned by the hospital secretary properly completed when the child's emergency treatment was finished, and after being used as a check against the treatment account, would ultimately be treated and filed in the same way as a card of a "non-emergency" case.

#### 4. *Co-operation with Medical Practitioners.*

(a) Medical practitioners have been informed of the scheme and have been asked to supply the County School Medical Officer with particulars of any school child brought to their notice for whom hospital treatment as a non-emergency case is considered desirable.

(b) If, on routine school medical inspection, hospital treatment is thought to be needed for a school child, the parents will be advised to consult their own doctor before accepting the arrangements for hospital treatment offered by my department.

#### 5. *Co-operation with Head Teachers.*

Copies of this report are being supplied to all head teachers so that they and their staffs may be informed of this extension of existing treatment facilities.

6. The proposals outlined above are without prejudice to any arrangements which may be introduced under the National Health Service, and it is, of course, appreciated that they will not necessarily increase the number of hospital beds available for the treatment of school children in your district."

### (7) HANDICAPPED PUPILS.

A return of all handicapped pupils ascertained as being in need of special educational treatment, including the Rhondda, is given in Table III. The figures fall short of the estimated incidence among the school population but ascertainment is far from complete as pupils cannot be put into the appropriate category until brought forward for examination either at routine inspection or on the request of parents or teachers. The duty of a Local Education Authority to ascertain what children in their area require special education extends to children from the age of two years, and calls therefore for the co-operation of the M. and C.W. authorities who should, through their medical officers, bring handicapped children under school age to notice. This is done in many instances but the advantage of one authority being responsible for Education and Child Welfare is evident.

The provision of special education is largely dependent on the availability of special schools. The absence of such schools, with the exception of that for blind and partially sighted who are provided for at the Bridgend Blind School, is a matter of much concern, and during the year a conference of the Federation of Welsh Local Education Authorities was held to consider the problem. Decisions as to the requirements for the various categories and a clearer picture of the part to be played by each Authority in making this provision were arrived at.

A report was subsequently submitted to the Medical and Special Services Sub-Committee by the Director of Education with regard to the provision to be made by this Authority.

Proposals were drawn up for submission to the Ministry of Education, and reference is made to these below.



(a) *Educationally Subnormal.*

The Minister of Education having drawn the attention of Local Education Authorities to the urgent need of accommodation for educationally subnormal pupils, and stated that he would consider in advance of the Development Plan proposals for providing boarding school accommodation, the Education Committee gave serious consideration to this most pressing need. A school of this type should have at least 100 pupils and it is estimated that three schools of this size will be required in the County, as provision on the basis of 4 per 1,000 of the school population should be made.

The building of schools of this dimension is out of the question at the present time and although the adaptation of large residences is not always satisfactory, the conversion of a mansion in the western end of the County is now under consideration. If this project can be carried out, it will prove of the greatest benefit and meet a great need which can be better appreciated from the fact that it has only been possible to place 60 out of 211 children recommended for admission, and not a single vacancy was obtained during the year in schools belonging to other Authorities.

There are three special day schools which serve their immediate locality at Aberdare, Pontypridd, and Barry. The Aberdare Open-air School accommodates not only educationally subnormal but also delicate pupils. The combination of two categories in this way is not favoured by the Ministry of Education, and cannot be recommended where the number attending in each category is low, as the two groups have to be taught separately and there are not sufficient pupils for classification into classes of children of approximately the same level of intelligence.

The Pontypridd and Barry Special Schools, which are both small, provide for educationally subnormal pupils. There has always been a reluctance on the part of most parents in permitting their children to attend these schools, which they think of as being for "daft children." It is necessary somehow to give them a new conception of the aims and ideals of these facilities for special education, and their co-operation will be more readily obtained now that children who come into this category are no longer referred to as mentally defective. The latter term is used only in reference to children who are ineducable and therefore outside the educational system.

(b) *Deaf.*

There is a serious shortage also of accommodation for deaf pupils, which will not be alleviated until the Royal Cambrian School for the Deaf and Dumb are able to take over larger premises near Cardiff for their school, which is at present at Newbridge-on-Wye, where they were evacuated during the war.

This voluntary school will later cater for the needs of deaf children in the South Wales area. The sooner this comes about the better, as vacancies now occur very infrequently and children in urgent need of teaching by the special methods employed are deprived of this.

Excluding the Rhondda, there are only four children reported as being partially deaf but more accurate assessment by means of audio-metric surveys will reveal others in this category.

(c) *Blind and Partially Sighted.*

Mr. F. E. Hewitt, the Principal of the Blind School, reports on the activities of the Blind School during the year, which has been a most successful one.

(d) *Maladjusted.*

Difficulties in obtaining the necessary staff and suitable premises have prevented the establishment of the County Child Guidance Service which was sanctioned by the Minister of Education. Several pupils with behaviour problems have, however, been examined at the Cardiff Child Guidance Clinic, and the recommendation of the examining Medical Officer followed as far as possible. Cardiff have now been compelled, however, to discontinue seeing Glamorgan cases because of their own staff problems, which makes the need for a County Service all the more imperative.

The hostel for difficult children, established by the Welsh Board of Health for evacuees, at the Lindens, Penarth, has been continued at the request of the Board primarily for those evacuees who, for various reasons, could not be returned home, but advantage has been taken of vacancies which have arisen to admit three children with behaviour problems. It is hoped to make further use of this hostel until such time as it is possible to implement the authorities decision to provide two mixed hostels each of 25-30 pupils, one in the east of Glamorgan and one in the west.

(e) *Epileptic.*

This category only includes those pupils with epilepsy who should, in their own interest or that of other pupils, be educated in a residential school. The group is not a large one, which is all to the good, as for these pupils also, vacancies are rarely found. It has been recommended that the provision of a residential school for 70 pupils should be included in the development plan.

(f) *Diabetic.*

None of the diabetic pupils attending schools in the County have been recommended for residential care in a hostel.

Insulin was provided free of charge to 10 pupils during the year.

(g) *Speech Defects.*

The incidence in this category which includes children with aphasia which is rare, stammerers, and those with defects of voice or articulation, has been estimated at 1.5-3% of the registered pupils, but ascertainment is much below this figure.

As yet it has not been possible to obtain the services of a Speech Therapist. There are six vacancies for persons trained in this work, but advertisement has unfortunately not brought forward a single applicant.

(h) *Physically Defective.*

This group includes not only children with deformities who require long treatment in hospital, but those suffering from tuberculosis requiring treatment in a sanatorium and also cases with severe cardiac defects calling for long hospitalisation or confinement to bed. Tuition is provided for long stay hospital cases at certain of the hospitals and sanatoria. Consideration of the residential provision to be made for this category has been deferred until their position under the National Health Act is more clearly known.

(i) *Delicate.*

The only open-air school for which this Committee is responsible is that at Aberdare, previously referred to. Additional schools are needed for the improvement of the health and well-being of those pupils temporarily below par, and two residential schools each accommodating 100 pupils are considered necessary.

Associated with these schools should be provision for children with rheumatic manifestations requiring rest and prolonged convalescence. It has been possible during the year to arrange with Merthyr for the admission of a few cases from the eastern end of the County to their hospital, Sandbrook House.



## ORTHOPAEDIC TREATMENT.

*(a) Report of Dr. N. R. Jenkins.*

Owing to the opening of Orthopaedic Clinics in the former Part III Education Authorities, it has been found necessary during the year to hold clinics at Bridgend once fortnightly, instead of weekly, and at Maesteg once monthly, instead of fortnightly, but this has been arranged smoothly and without diminution in the after-care of crippled children in the area by the employment of an additional transferred Orthopaedic Nurse, so that more children could be examined and treated at each session.

As formerly, the clinics are staffed by a Medical Officer in charge, assisted by three Orthopaedic Nurses and one School Nurse, while the Education Committee's part-time Orthopaedic Surgeon, Mr. A. O. Parker, attends quarterly for consultations and twice quarterly for operative treatment at the Mid-Glamorgan County Hospital when this is required.

Operative treatment of a delicate or very complicated nature is done at the Prince of Wales' Orthopaedic Hospital, Cardiff, and any very special after-care is undertaken at Crossways Hospital, Cowbridge, which is an annexe of the Cardiff Hospital.

The usual deformities were treated during the year—congenital, paralytic and postural—dislocated hips, club feet, flat feet, knock knees, bow legs, deformed hands, fingers, and toes; wry necks and spinal curvatures, as were also a few cases of Perthe's disease of the head of the hip bone—a non-tuberculous sub-infection which happily yields readily to treatment by rest. One case of Calve's disease—a similar sub-infection of the spine—was cured during the year. A case of Friedreich's Ataxia, a rare and progressive disease of the spinal cord, is still under our care.

Little, if any, improvement was noticeable during the year in the quality and quantity of children's footwear, and parents were still very harassed with the problem of finding the necessary coupons to provide good boots or shoes, which, unfortunately by the nature of the condition of the children's feet, wear out much more quickly than they would do otherwise.

Attendances at the clinics were well maintained and transport facilities were easier.

The statistical figures for the year were as follows :—

Total attendances made at clinics .. .. .	2,984
Number of pupils with crippling defects .. .. .	537
Number of pupils with postural deformities .. .. .	206
Number of Infant Welfare cases .. .. .	513
Number of operations performed at—	
West Glamorgan County Hospital .. .. .	9
Mid-Glamorgan County Hospital .. .. .	20
Prince of Wales' Hospital .. .. .	34
Number of children cured during the year .. .. .	82

*(b) Report of Dr. A. L. Jagger.*

There has been a great increase in the orthopaedic work in East Glamorgan during 1946, due chiefly to the absorption of the former Part III Authorities in this area—Barry, Pontypridd, Mountain Ash, and Aberdare. This has meant an increase in the school population and a corresponding increase in the number of children referred for orthopaedic treatment.

In the Glamorgan County Orthopaedic Clinics it is usual for all cases to be seen first by an experienced Assistant Medical Officer, and only those needing special advice or treatment are referred for examination by the Consulting Surgeon, who visits the clinic about once every three months. If the case is more urgent it can be sent to the Prince of Wales' Hospital to be seen as an out-patient. All measurements for appliances are made in the clinic and arrangements made for alteration to boots if needed. Plasters are applied and changed and post-operative cases kept under observation. Children in plaster are visited every week in their homes by the School Nurse. Operations are done in the Mid-Glamorgan County Hospital, and those which need special after-care are done in the Prince of Wales' Hospital. Children needing prolonged treatment in bed are sent to Crossways Hospital. Regular reports are sent from the hospitals about the patients' progress and the treatment needed.

In Pontypridd, Mountain Ash, and Aberdare all cases used to be seen at the clinic by the Consulting Surgeon, and if they needed any appliances or plasters they had to attend the Prince of Wales' Hospital for measurements to be taken or for plasters to be put on or changed. Only cases needing exercises could be treated at the clinics. The change in administration has, therefore, made a very obvious change in the conduct of clinics in these areas, and parents have been bewildered and surprised to find that they need no longer take their children to the hospital, but that most things could be done in the clinic. There was some initial distrust and natural dislike of change and a tendency to come to the clinic at any time and on any day in some cases, but parents are becoming used to the new system and to attending at fixed times by appointment. They realise that their time is being saved and the Consulting Surgeon has more time to devote to the serious cases. Arrangements in all the new clinics are not yet completed and work has been begun under difficulties and with insufficient trained staff.

In the Barry area all children used to be sent to the Prince of Wales' Hospital Out-patient Department if they needed any orthopaedic treatment. It has not yet been possible to arrange a clinic in Barry but it is hoped to do so very soon. In the meantime children are seen in Penarth Clinic, but as the clinic is not suitable for plaster work those needing this form of treatment have still to be sent to hospital.

The main clinic for East Glamorgan was formerly held in the out-patient rooms of the Caerphilly Miners' Hospital, but as the rooms were needed for the hospital we were asked to move. The clinic was, therefore, transferred to the County Offices in Ystrad Mynach and opened there in September. This clinic is upstairs, which is a drawback for cripple children and cases in plaster, but the situation is more central for the district which it serves than Caerphilly, and buses from all parts stop outside the door.

An important part of the work done here is for the Gellygaer and the Caerphilly Urban District Councils. Cases are referred from their Infant Welfare Clinics, and by treating minor deformities, such as flat foot and knock knee in infancy, a cure is often effected before the child reaches school age. For the more severe deformities, such as club foot, there is continuity of treatment from birth throughout infancy and school life. Mothers of these infants usually co-operate well and are eager for treatment for even very minor defects, and fathers who have served in the Army appreciate the need for preventing flat foot in later life.

It is still often difficult for mothers to buy children's boots of the correct size. We are occasionally able to provide them from voluntary sources.

Since appliances have been provided free of charge, and the cost of operations and stay in hospital has not been charged to the parent, work has been very much easier in the orthopaedic clinics, as parents' consent for treatment is now the only thing required. We hope that in the future a complete scheme of treatment from birth onwards, throughout school life and after, can be devised, so that the cripple can remain always under the care of the same authority.

(c) *Report of Dr. T. M. A. Lewis.*

The School Orthopaedic Scheme covers the west of the County area by having two clinics, one at Neath and a subsidiary one at Pontardawe.

These clinics have catered for a very large number of school children for many years and by arrangement have accepted cases from the infant welfare centres of the rural authorities.

This latter arrangement has many advantages. From the point of view of the child continuity of treatment is assured.

With the passing of the Education Act of 1944 a considerable number of cases have been transferred from the boroughs of Neath and Port Talbot. This transference has particularly benefited those cripples who had to travel to the Prince of Wales' Hospital, Cardiff, periodically for renewal of splints, X-rays, etc.

We are fortunate in having the services of the Welsh Glamorgan County Hospital at hand. X-ray photographs are readily obtained, whilst those cases that need operative treatment are admitted to the hospital. The Consulting Surgeon visits the hospital periodically to carry out operative procedures and is also available for consultation on other cases.

The supervision of a larger number of cripples has not involved any additional staff. The acquisition of larger and more suitable premises has, however, been a distinct advantage.

The passing of the Disabled Persons Act offers much hope for the crippled person, who is unable to compete with his fellow men owing to physical handicap.

## DENTAL INSPECTION AND TREATMENT.

*(Report by Mr. John Young, L.D.S.)*

At the beginning of the year 1946 our Dental Staff consisted of seven full-time dental officers and two part-time officers. In the first three months of the year two of our officers from the Forces rejoined us and one new officer was appointed. Unfortunately one of our officers resigned and another, a whole-time temporary officer, was called to the Service, leaving us with a staff of eight whole-time officers and two part-time officers. This was a decidedly improved state of affairs on previous years and enabled us to expand our services to something approaching pre-war years. We were able to conduct many very much overdue inspections and to increase our clinic facilities in a very satisfactory manner. In all service was maintained at 47 centres, including the Gower group of schools.

On 1st April the former Part III Authority services were wholly incorporated with the County service, and a certain amount of regrouping was possible to the advantage of the service ; for instance, a child living in Rhosee requiring treatment was able to make the comparatively short journey to Barry, instead of the journey he would have had to make to Llantwit Major before this. The absorption of the Part III areas gave the County service an increase of four whole-time officers and one part-time officer, later increased by one officer returned from the Services in September. Unfortunately, one of these transferred officers resigned in August. Altogether the staff, after all these additions and resignations, numbered twelve whole-time officers and three part-time officers.



The statistical tables give the figures for the former County areas from 1st January, 1946, to 31st December, 1946, and include the former Part III areas from 1st April, 1946, to 31st December, 1946. The figures for the former Part III areas for the period 1st January, 1946, to 31st March, 1946, will be found in a separate table, supplemented by the figures returned by the Rhondda Excepled District for the year.

Of the 49,201 children inspected, 36,319 were found to require treatment and 16,754 were actually treated or retreated and 39,926 attendances were recorded. 26,041 temporary teeth and 3,939 permanent teeth were extracted, making a total of 29,980. 4,080 fillings were inserted in temporary teeth and 11,036 permanent teeth were filled, a total of 15,116 fillings and 7,518 other operations were recorded. The number of nitrous oxide and oxygen administrations were 3,867.

The figures for the former Part III Authorities were as follows : Number of children inspected, 7,699. Number found to require treatment, 4,401 ; the number actually treated was 2,319 with 3,927 attendances recorded. 3,248 temporary teeth and 349 permanent teeth were extracted, a total of 3,597 extractions. 427 fillings were inserted in temporary teeth, 754 fillings were inserted in permanent teeth, a total of 1,181 fillings, and 506 other operations were recorded, administration of nitrous oxide and oxygen anaesthesia totalled 990. These figures of the Part III areas, as I have explained above, are for the period 1st January, 1946, to 31st March, 1946. From the 1st April, being fully incorporated, their figures are included in the return of the County service as a whole. The above figures are not strictly accurate, since no return was made by one Authority, therefore the true total is likely to be somewhat higher.

An important feature, as a result of the amalgamation of the Part III areas in the County service is that now we have 19 gas centres functioning in place of the former 12.

With this number of gas centres distributed as they are, we can satisfactorily hold anaesthetic sessions at distances convenient to practically every case that requires this service. It is planned to further equip certain other clinics with anaesthetic equipment when suitable accommodation is secured.

As will be understood, each of the former Part III areas had its own system of keeping records and of making appointments, etc., and it was considered very desirable that one uniform system should operate throughout the service. It was ultimately decided, and I think correctly, that the existing County scheme of recording and appointment making should be applied to the whole County.

We were fortunate during the year in securing a considerable amount of up-to-date equipment, which has now been installed, replacing outworn articles which it was impossible to do during the war years. I hope it will be possible for us to secure more of these excellent items which have proved highly satisfactory, and I should like to add that they have become exceedingly popular with our officers.

After the passing of the war years with their cramping inhibitions, it is satisfactory to report that we can now deal with inspections in a routine manner and that we can offer treatment on a scale approaching our pre-war service, but I must say that we still suffer restrictions principally because we require more dental officers. Because of this we are obliged to curtail our services in many populous areas in order to maintain services in other areas ; for instance, in the Maesteg area with a school population of about 4,272, we can only, at the moment, conduct a dental clinic on two days a week ; an area this size would keep a dental officer fully occupied. In the same way, for the Bargoed area with a school population of 3,942, the dental clinic established at Bargoed only functions on two days each week. We have given these problems considerable attention and hope in the near future to be able slightly to improve upon this state of affairs, but it is obvious that this desired improvement cannot be carried out without an increased number of whole-time dental officers.

Regarding treatment of children in the Gower during the war, it was only possible to hold a fortnightly visit, with portable equipment, and it was impossible to get around every school. Now, with the return of our officers, an equipped clinic is established in one of the larger schools, and a weekly clinic is held there. When the needs of this area have been dealt with the equipment will be transferred to another of the larger schools and weekly clinics will be held there. In addition to this the more remote schools are being visited by me with portable equipment weekly. This was the method employed in the Vale of Glamorgan also before the war, and I sincerely hope we shall be able to resume the practice soon, as the area is remote and transport is difficult, but up to the present it has been found quite impossible to arrange this, through shortage of staff, and the needs of the Vale have been partly catered for by the establishment of an equipped clinic at Llantwit Major, which unfortunately can only function fortnightly. The condition in the Vale has been improved since the incorporation of Barry within the County orbit, since children in the Rhose and Aberthaw areas can reach Barry fairly easily.

I am pleased to report that we have extended our activities in another direction. I refer to the provision of dentures to school children of suitable age groups, who have lost teeth to such an extent that dentures are necessary for masticatory and/or aesthetic reasons. This provision also includes the provision of inlays and crowns where necessary. I should state that all applications for the supplying of these restorations are closely scrutinized by myself and that if a doubt exists I make a personal examination.

We have also under consideration plans for the provision of orthodontic appliances for the correction of irregularities of position of the teeth ; in fact, permission has been given to dental officers to undertake certain cases as an experimental phase of the scheme, this also is done under supervision.

By the kind consideration of Dr. Culley, the School Medical Officer, I have been fortunate in being afforded opportunities of contacting officers of several other Authorities, most of which have orthodontic schemes in operation. I have found that the problems which intrigue us are the same as the problems which intrigue them, and my exchange of views with them has been decidedly helpful. There are many snags for the unwary, and as a too enthusiastic embarkation on the treatment of these cases would lead to a serious curtailment of our routine work, this must be carefully guarded against. Nevertheless, the need for such a service definitely exists and I hope soon to see a carefully regulated scheme in operation.

## RESIDENTIAL SCHOOL FOR THE BLIND, BRIDGEND.

*(Report of Mr. F. E. Hewitt, Principal.)*

As the seventeenth year in the history of the School is drawing to its close, I find myself looking back with a certain amount of pride on the many events which we seem to have successfully covered. This has been a full year with very few breathing spaces as, like so many other residential institutions, we have had our difficulties with regard to being short staffed on the nursing and domestic sides. However, we seem to have surmounted that difficulty now.

On the whole the health of the pupils has been remarkably good and we have not had one serious illness.

There are many sports enthusiasts among the pupils, particularly the boys, who listen to all the football matches on the radio and play quite a lot themselves.

The Literary and Debating Society is still a very popular feature in the School and the pupils derive a great deal of fun and pleasure from the interesting evenings which the committee arranges. The committee consists of five pupils chosen by the other members of the society, one acting as secretary, and a member of the teaching staff is appointed chairman for the session, which consists of the two winter terms.



The School eisteddfod, sports, and Christmas concert all attained their usual high standards this year. The main item in the Christmas concert was "Christmas Carol" by Dickens. Part of this was broadcast.

Something quite new has been started this year—a scheme for the interchange of pupils with other Schools for the Blind. So far this has only concerned the trainees. Two of our lads went to Edinburgh while two of their lads came here for a week. Similarly, two of our girls spent a week at Birmingham while two of their girls came to Bridgend. The pupils are thus able to see how other institutions are run and they also have the opportunity of making friends in different parts of the country.

Seven pupils entered for the various grades in the recent pianoforte examination held in connection with the Associated Board. Six gained credit marks while the seventh had a pass.

The School has been "on the air" a few times this year. The staff and pupils gave a whole programme in Welsh which lasted three-quarters of an hour last September, and many letters of congratulation were received. They also took part in a religious service which was broadcast overseas and, as stated earlier, part of their Christmas concert also came over the B.B.C.

We have had a great number of visitors around the School again this year, the most distinguished being David Hardman, Esq., M.P., Parliamentary Secretary to the Ministry of Education. It was the first time that the Parliamentary Secretary had ever been to a school of this type and he showed much interest and expressed every satisfaction with all he saw during his visit.

## STATISTICAL TABLES.

TABLE I.

MEDICAL INSPECTION OF CHILDREN ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS, EXCLUDING FORMER PART III AUTHORITIES (pages 25 to 34).

## A.—ROUTINE MEDICAL INSPECTIONS.

Number of Inspections in the prescribed Groups :—

Entrants	..	..	..	..	..	..	9,475
Second Age Group	..	..	..	..	..	..	5,854
Third Age Group	..	..	..	..	..	..	3,058
TOTAL	..	..	..				<u>18,387</u>

Number of other Routine Inspections :—

Bridgend Blind School	..	..	..	..	..	81
TOTAL	..	..	..			<u>18,468</u>

## B.—OTHER INSPECTIONS.

Number of Special Inspections and Re-inspections	..	<u>25,006</u>
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## C.—CHILDREN FOUND TO REQUIRE TREATMENT.

Number of individual children found at Routine Medical Inspection to require treatment (excluding DEFECTS OF NUTRITION, UNCLEANLINESS, AND DENTAL DISEASES).

GROUP.	For defective vision (excluding squint).	For all other conditions recorded in Table IIa.	Total number of individual children requiring treatment.
Entrants .. .. .	59	947	996
Second Age Group .. .. .	523	442	925
Third Age Group .. .. .	393	361	676
Total (Prescribed Groups) .. .. .	975	1,750	2,597
Other Routine Inspections—Bridgend Blind School ..	—	6	6
Grand Total .. .. .	975	1,756	2,603

TABLE II.

A —RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31ST DECEMBER, 1946.

Defect or Disease.						ROUTINE INSPECTIONS.		SPECIAL INSPECTIONS.		
						No. of Defects.		No. of Defects.		
						Requiring Treatment.	Requiring to be kept under observation, but not requiring Treatment.	Requiring Treatment.	Requiring to be kept under observation, but not requiring Treatment.	
(1)						(2)	(3)	(4)	(5)	
Skin	{ Ringworm :—									
	Scalp	..	..	..	..	1	2	1	—	
	Body	..	..	..	..	3	—	2	—	
	Scabies	..	..	..	..	48	5	12	6	
	Impetigo	..	..	..	..	26	1	6	7	
{ Other Diseases (non-tuberculous)						..	36	41	10	4
Eye	{ Blepharitis					..	62	42	9	7
	{ Conjunctivitis					..	5	3	3	—
	{ Keratitis					..	—	—	—	—
	{ Corneal Opacities					..	—	1	—	—
	{ Other Conditions (excluding Defective Vision and Squint)					..	43	24	2	1
	{ Defective Vision (excluding Squint)					..	975	19	164	14
	{ Squint					..	173	54	8	3
Ear	{ Defective Hearing					..	8	29	8	9
	{ Otitis Media					..	8	25	5	4
	{ Other Ear Diseases					..	15	67	10	11
Nose and Throat	{ Chronic Tonsillitis only					..	498	2,218	302	240
	{ Adenoids only					..	14	36	17	14
	{ Chronic Tonsillitis and Adenoids					..	137	269	314	132
	{ Other Conditions					..	16	45	10	18
Enlarged Cervical Glands (non-tuberculous)						..	16	967	23	97
Defective Speech						..	16	40	3	2

TABLE II—*continued.*

A.—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31ST DECEMBER, 1946.

Defect or Disease.					ROUTINE INSPECTIONS.		SPECIAL INSPECTIONS.	
					No. of Defects.		No. of Defects.	
					Requiring Treatment.	Requiring to be kept under observation, but not requiring Treatment.	Requiring Treatment.	Requiring to be kept under observation, but not requiring Treatment.
(1)					(2)	(3)	(4)	(5)
Heart and Circulation	{ Heart Disease :—							
	Organic	..	..	..	—	77	2	6
	Functional	..	..	..	2	367	4	19
	Anaemia	..	..	..	22	129	3	10
Lungs	{ Bronchitis				7	100	6	7
	{ Other non-tuberculous Diseases				18	150	24	15
Tuber- culosis	{ Pulmonary :—							
	Definite	..	..	..	—	4	—	1
	Suspected	..	..	..	6	49	11	5
	{ Non-pulmonary :—							
	Glands	..	..	..	1	15	2	1
	Bones and Joints	..	..	..	—	2	—	—
	Skin	..	..	..	—	—	—	—
Nervous System	{ Other Forms				1	—	—	—
	{ Epilepsy				—	17	2	5
	{ Chorea				—	11	1	8
	{ Other Conditions				13	40	4	9
Deformities	{ Rickets				3	2	—	—
	{ Spinal Curvature				44	25	1	3
	{ Other Forms				281	314	42	9
	{ Flat Feet				264	329	12	1
Other Defects and Diseases (excluding Defects of Nutrition, Uncleanliness, and Dental Diseases) ..					33	121	42	40
Total Number of Defects .. ..					2,795	5,640	1,065	708

TABLE II—*continued.*

B.—CLASSIFICATION OF THE NUTRITION OF CHILDREN INSPECTED DURING THE YEAR IN ROUTINE AGE GROUPS.

Age Groups.	Number of Children Inspected.	A (Excellent).		B (Normal).		C (Slightly Sub-Normal).		D (Bad).	
		No.	%	No.	%	No.	%	No.	%
Entrants .. .. .	9,475	569	6·01	8,218	86·73	672	7·09	16	0·17
Second Age-Group .. .. .	5,854	387	6·61	4,863	83·07	582	9·94	22	0·38
Third Age-Group .. .. .	3,058	446	14·58	2,484	81·23	124	4·05	4	0·14
Total .. .. .	18,387	1,402	7·63	15,565	84·65	1,378	7·49	42	0·23
Other Routine Inspections :									
Bridgend Blind School ..	81	—	—	79	97·53	2	2·47	—	—
Total .. .. .	18,468	1,402	7·59	15,644	84·71	1,380	7·47	42	0·23

TABLE III.

RETURN OF ALL HANDICAPPED PUPILS IN THE AREA

(excluding the Rhondda Urban District).

CHILDREN SUFFERING FROM MULTIPLE DEFECTS.

Combination of Defect.	At Special Schools.	At Maintained Primary and Secondary Schools.	At Independent Schools.	Not at School.	Total.
Educationally sub-normal, partially deaf, and speech defect .. .. .	—	1	—	—	1
Educationally sub-normal and delicate ..	2	—	—	—	2
Educationally sub-normal, physically defective .. .. .	—	3	—	5	8
Educationally sub-normal, epileptic ..	3	1	—	2	6



TABLE III—(continued).

RETURN OF ALL HANDICAPPED PUPILS IN THE AREA (excluding the Rhondda Urban District)—continued.

## BLIND PUPILS.

At Special Schools.	At a Maintained Primary or Secondary School.	At Independent Schools.	Not at School.	Total.
18	Nil.	Nil.	Nil.	18

## PARTIALLY SIGHTED PUPILS.

At Special Schools.	At a Maintained Primary or Secondary School.	At Independent Schools.	Not at School.	Total.
6	Nil.	Nil.	Nil.	6

## DEAF PUPILS.

At Special Schools.	At a Maintained Primary or Secondary School.	At Independent Schools.	Not at School.	Total.
35	6	Nil.	7	48

## PARTIALLY DEAF PUPILS.

At Special Schools.	At a Maintained Primary or Secondary School.	At Independent Schools.	Not at School.	Total.
Nil.	4	Nil.	Nil.	4

## DELICATE PUPILS.

At Special Schools.	At a Maintained Primary or Secondary School.	At Independent Schools.	Not at School.	Total.
75	35	2	4	116

## DIABETIC PUPILS.

At Special Schools.	At a Maintained Primary or Secondary Schools.	At Independent Schools.	Not at School.	Total.
Nil.	Nil.	Nil.	Nil.	Nil.

TABLE III—(continued).

RETURN OF ALL HANDICAPPED PUPILS IN THE AREA (excluding the Rhondda Urban District)—continued.

## EDUCATIONALLY SUB-NORMAL PUPILS.

At Special Schools.	At a Maintained Primary or Secondary School.	At Independent Schools.	Not at School.	Total.
60	140	1	10	211

## EPILEPTIC PUPILS.

At Special Schools.	At a Maintained Primary or Secondary School.	At Independent Schools.	Not at School.	Total.
1	7	Nil.	2	10

## MALADJUSTED PUPILS.

At Special Schools.	At a Maintained Primary or Secondary School.	At Independent Schools.	Not at School.	Total.
2	3	Nil.	Nil.	5

## PHYSICALLY HANDICAPPED PUPILS.

At Special Schools.	At a Maintained Primary or Secondary School.	At Independent Schools.	Not at School.	Total.
88	114	Nil.	20	222

## PUPILS SUFFERING FROM SPEECH DEFECTS.

At Special Schools.	At a Maintained Primary or Secondary School.	At Independent Schools.	Not at School.	Total.
1	16	Nil.	Nil.	17

TABLE IV.

## TREATMENT TABLE.

Group I.—Minor Ailments (excluding Uncleanliness, for which see Table VII).

Disease or Defect.  (1)	Number of Defects treated or under treatment during the year.		
	Under the Authority's Scheme. (2)	Otherwise (3)	Total. (4)
Skin :—			
Ringworm.—Scalp { (i) X-ray treatment.	14	—	14
(ii) Other treatment.	20	58	78
Ringworm.—Body .. .. .	39	45	84
Scabies .. .. .	282	449	731
Impetigo .. .. .	485	280	765
Other Skin Diseases .. .. .	478	164	642
Minor Eye Defects (external and other, but excluding cases falling in Group II). .. ..	721	46	767
Minor Ear Defects .. .. .	387	89	476
Miscellaneous (e.g., minor injuries, bruises, sores, chilblains, etc.) .. .. .	3,110	226	3,336
TOTAL .. .. .	5,536	1,357	6,893

TABLE IV—*continued*.

## GROUP II.—DEFECTIVE VISION AND SQUINT (EXCLUDING MINOR EYE DEFECTS TREATED AS MINOR AILMENTS—GROUP I).

Defect or Disease. (1)	Number of pupils dealt with under the Authority's Scheme.
Errors of Refraction (including Squint) .. .. .	5,257
Other Defect or Disease of the eyes (excluding those recorded in Group I) .. .. .	—
Total .. .. .	<u>5,257</u>
No. of children for whom spectacles were :—	
(a) Prescribed .. .. .	2,157
(b) Obtained .. .. .	1,847

## GROUP III.—TREATMENT OF DEFECTS OF NOSE AND THROAT.

	Number of pupils dealt with under the Authority's Scheme.
Received operative treatment .. .. .	1,743
Received other forms of treatment .. .. .	66
Total number treated .. .. .	<u>1,809</u>



TABLE IV—*continued*.

## GROUP IV.—ORTHOPAEDIC AND POSTURAL DEFECTS.

	Under the Authority's scheme. (1)			Otherwise. (2)			Total number treated.
	Residential treatment with Education.	Residential treatment without Education.	Non-residential treatment at an Orthopaedic Clinic.	Residential treatment with Education.	Residential treatment without Education.	Non-residential treatment at an Orthopaedic Clinic.	
	i.	ii.	iii.	i.	ii.	iii.	
Number of children treated	34	29	1,683	—	—	—	1,746

TABLE V.

## DENTAL INSPECTION AND TREATMENT.

Number of children inspected by the Dentist :—

(a) Routine Age-groups	..	..	..	..	..	..	..	..	..	..	42,215
(b) Specials	..	..	..	..	..	..	..	..	..	..	6,986
(c) Total (Routine and Specials)	..	..	..	..	..	..	..	..	..	..	49,201

Number found to require treatment	..	..	..	..	..	..	..	..	..	..	36,319
Number actually treated	..	..	..	..	..	..	..	..	..	..	16,754
Attendances made by children for treatment	..	..	..	..	..	..	..	..	..	..	39,926

Half-days devoted to :—

Inspection	..	..	..	..	425
Treatment	..	..	..	..	4,023
Total	..	..	..	..	4,448

Extractions :—

Permanent Teeth	..	..	..	3,939
Temporary Teeth	..	..	..	26,041
Total	..	..	..	29,980

Administrations of general anaesthetics for  
extractions

..	..	..	..	3,867
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Fillings :—

Permanent Teeth	..	..	..	11,036
Temporary Teeth	..	..	..	4,080
Total	..	..	..	15,116

Other operations :—

Permanent Teeth	..	..	..	6,328
Temporary Teeth	..	..	..	1,190
Total	..	..	..	7,518

TABLE VI.

## UNCLEANLINESS AND VERMINOUS CONDITIONS.

Average number of visits per school made during the year by the School Nurse—5·2.

Total number of examinations of children in the schools by School Nurses—280,950.

Number of individual children found unclean—9,864.

TABLE VII.

## UNCLEANLINESS

Showing the result of the examination and re-examination of children in regard to cleanliness by the School Nurses.

	Boys.		GIRLS.	
	Number of examinations, 148,413.		Number of examinations, 132,537.	
		%		%
Head :—Clean .. .. .	147,253	99·22	123,677	93·32
Nits .. .. .	1,072	0·72	8,303	6·26
Pediculi and Sores .. .. .	88	0·06	557	0·42
Body :—Clean .. .. .	147,633	99·47	132,309	99·83
Dirty .. .. .	757	0·51	217	0·16
Verminous .. .. .	23	0·02	11	0·01
Clothing :—Clean .. .. .	147,657	99·49	132,291	99·81
Dirty .. .. .	756	0·51	246	0·19
	Number of re-examinations, 6,003.		Number of re-examinations, 18,982.	
		%		%
Head :—Clean .. .. .	4,515	75·21	5,603	29·52
Nits .. .. .	1,466	24·42	12,999	68·48
Pediculi and Sores .. .. .	22	0·37	380	2·00
Body :—Clean .. .. .	4,131	68·81	18,083	95·26
Dirty .. .. .	1,801	30·00	851	4·48
Verminous .. .. .	71	1·19	48	0·26
Clothing :—Clean .. .. .	4,311	71·81	18,114	95·43
Dirty .. .. .	1,692	28·19	868	4·57

TABLE I.

MEDICAL INSPECTION OF CHILDREN ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS IN FORMER PART III AUTHORITIES (EXCLUDING THE RHONDDA URBAN DISTRICT) DURING THE PERIOD FROM THE 1ST JANUARY, 1946, TO THE 31ST MARCH, 1946.

## A.—ROUTINE MEDICAL INSPECTIONS.

Authority.	(1) No. of Inspections.				(2) No. of other Routine Inspections.	Grand Total.
	Entrants.	Second Age Group.	Third Age Group.	Total.		
Aberdare .. .. .	Nil	321	413	734	—	734
Barry .. .. .	126	182	124	432	5	437
Mountain Ash .. .. .	229	—	—	229	—	229
Neath .. .. .	39	140	139	318	23	341
Pontypridd .. .. .	197	229	75	501	—	501
Port Talbot .. .. .	51	—	175	226	—	226
Totals .. .. .	642	872	926	2,440	28	2,468

## B.—OTHER INSPECTIONS.

Authority.	No. of Special Inspections and Re-inspections.
Aberdare .. .. .	327
Barry .. .. .	1,141
Mountain Ash .. .. .	560
Neath .. .. .	—
Pontypridd .. .. .	—
Port Talbot .. .. .	129
Total .. .. .	2,157

TABLE II.

CLASSIFICATION OF THE NUTRITION OF PUPILS INSPECTED IN THE ROUTINE AGE GROUPS.

Authority.	Number of Pupils Inspected.	A (Excellent.)		B (Normal.)		C (Slightly Sub-Normal.)		D (Bad.)	
		No.	%	No.	%	No.	%	No.	%
Aberdare .. .. .	734	1	0·13	687	93·59	46	6·26	—	—
Barry .. .. .	437	32	7·32	302	69·10	98	22·42	5	1·14
Mountain Ash .. .. .	}	Details not submitted by former Part III Authorities.							
Neath .. .. .									
Pontypridd .. .. .	501	10	1·99	424	84·64	66	13·18	1	0·19
Port Talbot .. .. .	226	34	15·04	177	78·32	15	6·64	—	—
Totals .. .. .	1,898	77	4·06	1,590	83·77	225	11·85	6	0·32

TABLE III.

Authority.	GROUP I.	GROUP II.					GROUP III.		
	Treatment of Minor Ailments (excluding uncleanliness).	Treatment of Defective Vision and Squint under the Authority's Scheme.					Treatment of Defects of Nose and Throat under the Authority's Scheme.		
	Total Number of Defects treated or under treatment during the quarter under the Authority's Scheme.	Errors of Refraction (including squint).	Other defect or disease of the eyes (excluding Group I).	Total.	No. of Children for whom spectacles were		Received operative treatment.	Received other forms of treatment.	Total No. Treated.
					Pre-scribed.	Ob-tained.			
Aberdare .. .. .	385	54	4	58	78	68	36	16	52
Barry .. .. .	573	76	—	76	63	63	27	52	79
Mountain Ash .. .. .	812	105	3	108	98	98	—	—	—
Neath .. .. .	1,432	23	3	26	23	23	24	6	30
Pontypridd .. .. .	51	24	7	31	29	29	57	—	57
Port Talbot .. .. .	67	15	—	15	6	6	94	—	94
Totals .. .. .	3,320	297	17	314	297	287	238	74	312



TABLE IV.

## DENTAL INSPECTION AND TREATMENT.

Authority.	(1) No. of Pupils inspected by the Dentist.		(2) No. found to require treat- ment.	(3) No. actu- ally trea- ted.	(4) Atten- dances made by Pupils for treat- ment.	(5) Half-days devoted to			(6) Fillings.			(7) Extractions.			(8) Admin- istration of general Anaes- thetics for Extrac- tions.	(9) Other operations.			
	Routine Age Groups.	Specials.	Total.			In- spec- tion.	Treat- ment.	Total.	Per- manent.	Tem- porary.	Total.	Per- manent.	Tem- porary.	Total.	Per- manent.	Tem- porary.			
Aberdare ..	808	588	1,396	1,137	547	946	10	119	129	277	216	493	38	679	717	280	74	95	169
Barry ..	253	150	403	400	400	785	—	88	88	64	45	109	62	326	388	158	120	40	160
Mountain Ash ..	1,131	5	1,136	350	184	419	5	42	47	50	—	50	62	867	929	107	4	—	4
Pontypridd ..	2,109	118	2,227	1,306	664	712	18	97	115	49	138	187	98	614	712	334	23	90	113
Port Talbot	2,465	72	2,537	1,208	524	1,065	12	108	120	314	28	342	89	762	851	111	60	—	60
Totals ..	6,766	933	7,699	4,401	2,319	3,927	45	459	499	754	427	1,181	349	3,248	3,597	990	281	225	506

Figures not submitted by the former Part III Authority.

TABLE V.  
VERMINOUS CONDITIONS.

Authority.	(i) Average No. of visits made during the quarter by School Nurses or other authorised persons.	(ii) Total No. of Examns. in Schools by School Nurses or other authorised persons.	(iii) No. of Individual Pupils found unclean.
Aberdare .. .. .	1.0	1,614	106
Barry .. .. .	1.0	4,548	295
Mountain Ash .. .. .	6.0	8,217	127
Neath .. .. .	2.0	1,432	53
Pontypridd .. .. .	3.0	4,009	475
Port Talbot .. .. .	Figures not submitted by the former Part III Authority.		
Totals . . . . .	—	19,820	1,056

#### OBSERVATIONS OF THE DISTRICT SCHOOL MEDICAL OFFICER ON THE SCHOOL HEALTH SERVICE IN THE RHONDDA URBAN DISTRICT DURING THE YEAR 1946.

The number of pupils on the registers in the maintained primary and secondary schools in the district at the end of the year 1946 amounted to 19,966, of whom 14,170 attended the primary schools (including two nursery schools with pupils ranging from 2 to 7 years) and 5,796 attended the secondary schools.

*Medical Inspection.* During the year 8,233 pupils were subjected to routine medical inspection, of whom 3,246 were in the entrant group, 3,164 were in the second age group, and the remaining 1,823 were in the third age group. As indicated in the figures included in the table summarising the nutritional condition of children in the years 1938 to 1946, it is observed that the number inspected in the code groups during 1946 greatly exceeds the numbers inspected during the previous three years, and the welcome return of a member of the medical staff from war service at the beginning of the year enabled a larger number of inspections to be carried out. Many entrants and some children in the second age group had not been inspected in the previous years owing to depletion of staff.

#### FINDINGS OF MEDICAL INSPECTION.

*Nutrition.* The subjoined table indicates that the nutritional condition of the children as assessed by the general physical condition and appearance of the pupils during 1946 compares favourably with the corresponding conditions in previous years. In this table it may be noted that the combined proportions classified as "excellent" and "normal" diminished from 85.8 per cent in 1938 to 83.5 per cent in 1942, and from figures obtained from the District Education Officer the numbers of mid-day meals or dinners served in the schools were 20,204 in 1941 and 78,534 in 1942. In 1943, however, the provision of mid-day meals was extended and 554,160 dinners were provided in the schools during that year, increasing with the provision of additional school kitchens to 2,072,844 dinners in 1945; this increased provision of mid-day meals has coincided with and has probably largely contributed to the increase in the combined proportions of children classified as of "excellent" and "normal" nutrition from 83.5 per cent in 1942 to 90.3 per cent in 1946.

## CLASSIFICATION OF THE NUTRITION OF CHILDREN INSPECTED IN 1938-1946.

Year.	Number of children inspected in the code groups.	A (Excellent Nutrition.)	B (Normal Nutrition.)	C (Slightly Subnormal Nutrition.)	D (Bad Nutrition.)
		%	%	%	%
1938	7,331	11.6	74.2	13.8	0.4
1939	3,473	9.0	73.8	16.6	0.6
1940	5,563	11.2	68.7	19.0	1.1
1941	5,046	11.5	69.7	18.2	0.6
1942	7,318	15.3	68.2	16.2	0.3
1943	3,531	11.7	72.2	15.8	0.3
1944	4,479	15.0	69.9	14.9	0.2
1945	4,634	24.5	60.9	14.2	0.4
1946	8,233	24.8	65.5	9.4	0.3

## SCHOOL MEALS, ETC.

Year.	Dinners or Mid-day Meals.	Milk Meals.
1938	66,752	2,087,602
1939	29,307	1,502,417
1940	19,808	1,553,508
1941	20,204	1,674,032
1942	78,534	1,082,365
1943	554,160	1,518,645
1944	1,782,571	4,372,656
1945	2,072,844	3,693,090
1946	1,937,703	3,598,594

*Scabies and Impetigo.* These diseases continued to be more prevalent than in pre-war years. Scabies was observed amongst 2.1 per cent of the children in the code groups as compared with corresponding proportions of 0.1 and 0.4 in 1936 and 1938 respectively. The incidence of impetigo amounted to a proportion of 0.8 per cent as compared with 0.3 per cent in 1936 and 1938.

*Defective Vision*, amounting to 6/12 or less, was found in 8.9 per cent of the children inspected, and *squint* was recorded in 2.2 per cent of the inspection.

Chronically enlarged tonsils and adenoids were diagnosed in 4.8 per cent of the children examined in the code groups, and in 24.8 per cent of the children there was some enlargement of the tonsils only.

Defective speech was found amongst 1.5 per cent of the children medically inspected.

No definite case of pulmonary tuberculosis was discovered amongst the school population but three children were referred for further observation as suspected cases. One child was found to be suffering from tubercular glands and another child was diagnosed as suffering from tuberculosis of the hip.

## TREATMENT.

*Minor Ailments.* The treatment of minor ailments was undertaken at the five school clinics situated at Ynyswen; Trafalgar Terrace, Ystrad; Carnegie Centre, Trealaw; Ynys Villas, Ynyshir; and Oakland Terrace, Ferndale; and the numbers of attendances were as follow :—

						<i>Attendances.</i>
Ringworm—head	..	..	..	..	..	125
Ringworm—body	..	..	..	..	..	101
Scabies	..	..	..	..	..	2,530
Impetigo	..	..	..	..	..	1,588
Other skin diseases	..	..	..	..	..	327
Eye defects	..	..	..	..	..	94
Ear defects	..	..	..	..	..	125
Other minor ailments	..	..	..	..	..	90
Unclean heads	..	..	..	..	..	91
Total	..	..	..	..	..	<u>5,071</u>

*Defective Vision and Squint.* 1,258 children were examined for errors of refraction by the Authority's part-time Ophthalmic Surgeon, and prescriptions for suitable glasses were given in 997 instances; the required spectacles were provided by the Authority for 373 children.

In addition, three children underwent operative treatment for squint.

*Chronic Tonsillitis and Adenoids.* The number of children who received operative treatment for chronic tonsillitis and adenoids under the Authority's scheme was 397, of whom 298 were operated on at the Llwynypia Hospital, 50 were treated at the Pentwyn Hospital, and the remaining 49 at the Treherbert Hospital.

In addition to the above, a number of children of school age were operated on under private arrangements at the Porth and District Hospital.

*Orthopaedic Treatment.* The number of children of school age examined for the first time by Mr. Rocyn Jones, Consulting Orthopaedic Surgeon, was 119, and 100 children were re-examined. Eleven children were admitted to the Prince of Wales' Hospital, Cardiff, for in-patient treatment on the recommendation of the Orthopaedic Surgeon.

The principal conditions, on account of which children were referred for examination by the Orthopaedic Surgeon, were as follows :—

Talipes	..	..	..	..	..	..	8 cases.
Spinal curvature	..	..	..	..	..	..	13 „
Paralysis	..	..	..	..	..	..	6 „
Genu valgum or varum	..	..	..	..	..	..	14 „
Bad posture	..	..	..	..	..	..	5 „*
Pes valgus	..	..	..	..	..	..	42 „
Pes cavus	..	..	..	..	..	..	10 „
Hallux valgus	..	..	..	..	..	..	4 „
Congenital dislocation of hip	..	..	..	..	..	..	1 „
Injuries or other defects	..	..	..	..	..	..	16 „



The Orthopaedic Nurse undertook treatment and light therapy at the clinics established at Ynyswen, Ystrad, Ferndale, and Treallaw respectively, and the following is a summary of the treatment provided :—

Attendances of children at clinics for remedial exercises	..	..	2,291
Attendances of children at clinics for electrical treatment	..	..	924
Attendances of children at clinics for light therapy	..	..	4,214
Attendances of children at clinics for massage	..	..	239
Boots repaired or adjusted	..	..	185
Surgical boots provided	..	..	1
Splints provided	..	..	60
Appliances provided	..	..	14
Appliances altered or repaired	..	..	5
Plasters applied	..	..	23
Plasters removed	..	..	16
Other services	..	..	2

*Dental Inspection and Treatment.* During 1946 the dental staff was depleted by illness and lack of applicants for vacant posts, but in the course of the year 6,747 children were inspected in the routine groups and 2,657 children were examined as specials, making a total of 9,404 inspections. Among the children examined 8,209 or 87·3 per cent were found to require dental treatment, and of those who required treatment 6,396 or 77·9 per cent received treatment, and a general anaesthetic to enable treatment was administered on 2,904 occasions.

A certain amount of orthodontic treatment was also carried out during the year.

As evidence that the dental condition of the school population has improved during recent years, it may be noted that amongst 2,387 children who received dental treatment in 1926 the average number of teeth extracted or filled per child was 4·3 ; in 1936 the corresponding figure amongst 9,815 children treated was 2·2, whilst in 1946 the figure was 1·7 teeth per child.

*Miscellaneous Work.* During the year the following work was also undertaken by the School Medical Staff :—

I. Examinations at Clinics :—

For persistent non-attendance at school	..	..	..	..	..	34
Referred by local magistrates	..	..	..	..	..	64
Referred by head teachers	..	..	..	..	..	657
Referred by school medical staff	..	..	..	..	..	139
Re-examinations of above cases	..	..	..	..	..	257
Children for employment in entertainments	..	..	..	..	..	9
Bursars, etc.—primary examinations	..	..	..	..	..	60
Bursars, etc.—re-examinations	..	..	..	..	..	7
Boarded-out children—primary examinations	..	..	..	..	..	19
Boarded-out children—re-examination	..	..	..	..	..	3

II. Examinations at School :—

Girls selected for holiday camp	..	..	..	..	..	55
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MEDICAL INSPECTION AND TREATMENT OF PUPILS IN ATTENDANCE AT MAINTAINED PRIMARY AND SECONDARY SCHOOLS IN THE RHONDDA URBAN DISTRICT (an Excepted Area).

TABLE I.

## A.—ROUTINE MEDICAL INSPECTIONS.

Number of Inspections in the prescribed Groups :—

Entrants	..	..	..	..	..	..	..	..	3,246
Second Age Group	..	..	..	..	..	..	..	..	3,164
Third Age Group	..	..	..	..	..	..	..	..	1,823

Total	..	..	..	..	..	..	..	..	8,233
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Number of other Routine Inspections	..	..	..	..	..	..	..	..	Nil
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Grand total	..	..	..	..	..	..	..	..	8,233
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## B.—OTHER INSPECTIONS.

Number of Special Inspections and Re-inspections	..	..	..	..	..	..	..	..	5,482
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TABLE II.

## CLASSIFICATION OF THE NUTRITION OF PUPILS INSPECTED DURING THE YEAR IN THE ROUTINE AGE GROUPS.

Number of Pupils Inspected.	A (Excellent.)		B (Normal.)		C (Slightly Sub-Normal.)		D (Bad.)	
	No.	%	No.	%	No.	%	No.	%
8,233	2,039	24·8	5,389	65·5	778	9·4	27	0·3

TABLE III.

GROUP I.	GROUP II.					GROUP III.		
Treatment of Minor Ailments (excluding uncleanliness).	Treatment of Defective Vision and Squint under the Authority's Scheme.					Treatment of Defects of Nose and Throat under the Authority's Scheme.		
Total Number of Defects treated or under treatment during the year under the Authority's Scheme.	Errors of Refraction (including squint).	Other defect or disease of the eyes (excluding Group I).	Total.	No. of Children for whom spectacles were		Received operative treatment.	Received other forms of treatment.	Total No. Treated.
				Pre-scribed.	Ob-tained.			
1,186	1,258	3	1,261	997	373	397	—	397

TABLE IV.  
DENTAL INSPECTION AND TREATMENT.

(1) No. of Pupils inspected by the Dentist.		(2) No. found to require treat- ment.	(3) No. actu- ally trea- ted.	(4) Atten- dances made by Pupils for treat- ment.	(5) Half-days devoted to			(6) Fillings.			(7) Extractions.			(8) Admin- istra- tion of general Anaes- thetics for Extrac- tions.	(9) Other operations.			
Routine Age Groups.	Specials Total.				In- spec- tion.	Treat- ment.	Total.	Per- manent.	Tem- porary.	Total.	Per- manent.	Tem- porary.	Total.		Per- manent	Tem- porary.	Total.	
6,747	2,657	9,404	8,209	6,396	7,731	60	560	620	3,408	807	4,215	980	5,823	6,803	2,904	1,418	4,883	6,301

TABLE V.

### UNCLEANLINESS AND VERMINOUS CONDITIONS.

Average number of visits per school made during the year by the School Nurse	3
Total number of examinations of pupils in the schools by School Nurses	44,989
Number of individual pupils found unclean	1,323

